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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | ☐ Check if this an amended filing |

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|---|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Christopher First name G Middle name | First name Middle name |
| | Bring your picture identification to your meeting with the trustee. | Gines Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2954 | |

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Case number (if known)

Debtor 1 Christopher G Gines

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and Employer Identification Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Business name(s) Business name(s) Include trade names and doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 105 Nani Street Park Forest, IL 60466 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Will County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this have lived in this district longer than in any other petition, I have lived in this district longer than in any other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Christopher G Gines

Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
|------|--|---|--|--|--|---------------------|--|--|--|
| | choosing to file under | ☐ Cha | apter 7 | | | | | | |
| | | ☐ Cha | apter 11 | | | | | | |
| | | ☐ Cha | apter 12 | | | | | | |
| | | ■ Cha | apter 13 | | | | | | |
| 8. | How you will pay the fee | _ a | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | |
| | | | | | | e this option, sign | n and attach the Application | on for Individuals to Pay | |
| | | | • | • | Official Form 103A). | this ontion only | if you are filing for Chapte | r 7. By law, a judge may | |
| | | b tl | out is not requal to the second to the secon | uired to, waive you o your family size a | ir fee, and may do so and you are unable to | o only if your inco | ome is less than 150% of the installments). If you choos I Form 103B) and file it with | the official poverty line e this option, you must fill | |
| 9. | Have you filed for | | | | | | | | |
| | bankruptcy within the last 8 years? | ■ Yes | | | | | | | |
| | • | | District | ilnbke | When | 9/25/15 | Case number 1 | 5-bk-32652 | |
| | | | District | | When | | Case number | | |
| | | | District | | When | | Case number | | |
| 10. | Are any bankruptcy | ■ No | | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | | | | | | | |
| | | | Debtor | | | | Relationship to you | | |
| | | | District | | When | | Case number, if kn | own | |
| | | | | | | | | | |
| | | | Debtor | | | | Relationship to you | | |
| | | | Debtor District | | When | | Relationship to you Case number, if kn | - | |
| 11. | Do you rent your | ■ No. | | ine 12. | When | | | - | |
| 111. | Do you rent your residence? | ■ No. | District Go to li | | | ent against you a | | own | |
| 111. | | | District Go to li | | ed an eviction judgme | ent against you a | Case number, if kn | own | |

Debtor 1 Christopher G Gines

Document Page 4 of 59

Case number (if known)

| art | 3: Report About Any Bu | sinesses ` | You Own | as a Sole Proprietor | | | |
|---|---|--------------|--|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | e and location of business | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | per, Street, City, State & ZIP Code | | | |
| | it to this petition. | | Checi | k the appropriate box to describe your business: | | | |
| | | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | | None of the above | | | |
| If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it car deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance she operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, following the following the first statement in 11 U.S.C. 1116(1)(B). | | | | | | | |
| | For a definition of small | ■ No. | I am r | not filing under Chapter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | ☐ Yes. | I am f | filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| art | A: Report if You Own or | Have Any | Hazardo | ous Property or Any Property That Needs Immediate Attention | | | |
| | Do you own or have any | | · · · · · · · · · · · · · · · · · · · | and the policy of the the policy from the control of the policy of the p | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ■ No. □ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | urgeni repairs: | | | Number, Street, City, State & Zip Code | | | |

Page 5 of 59 Document Christopher G Gines Debtor 1

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes

me incapable of realizing or making rational decisions about finances.

My physical disability causes Disability. П

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active П military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if anv.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 15-42515 Doc 1 Filed 12/17/15 Entered 12/17/15 13:47:09 Desc Main Document Page 6 of 59 Case number (if known) Christopher G Gines Debtor 1 **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **□** \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million

estimate your liabilities

20. How much do you

- **\$0 \$50,000**
- □ \$100,001 \$500,000
- □ \$500,001 \$1 million
- □ \$50,001 \$100,000

□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million

- □ \$100,000,001 \$500 million
- □ \$500.000.001 \$1 billion
- □ \$1,000,000,001 \$10 billion □ \$10,000,000,001 - \$50 billion
- ☐ More than \$50 billion

Part 7: Sign Below

For you

to be?

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Christopher G Gines

Christopher G Gines Signature of Debtor 1

Signature of Debtor 2

Executed on December 17, 2015

MM / DD / YYYY

Executed on

MM / DD / YYYY

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Debtor 1 Christopher G Gines Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Margare | t Molloy | Date | December 17, 2015 |
|------------------|------------------------|--------------|-----------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| | | | |
| Margaret M | olloy | | |
| Printed name | | | |
| THE SEMR | AD LAW FIRM, LLC | | |
| Firm name | | | |
| 20 S. Clark | Street | | |
| 28th Floor | | | |
| Chicago, IL | 60603 | | |
| | City, State & ZIP Code | | |
| Contact phone | (312) 913 0625 Er | nail address | rsemrad@semradlaw.com |
| 6317096 | | | |
| Bar number & Sta | ite | | |

| | | Docume | ent Page 8 of 5 | 9 | |
|------------------------|--------------------------|-------------------|-----------------|---|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Christopher G Gin | es | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| | | | | • | _ |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B...... 1b. Copy line 62, Total personal property, from Schedule A/B..... 48.850.00 1c. Copy line 63, Total of all property on Schedule A/B..... 48,850.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 29,114.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 1,700.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6i of Schedule E/F..... 6,126.00 Your total liabilities 36,940.00 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,231.79 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 1.466.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? □ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Page 9 of 59 Case number (if known) Debtor 1 Christopher G Gines

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ | 3,528.70 |
|----|--|----|----------|
| | | 1 | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Tota | l claim |
|--|------|----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 1,700.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$_ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$_ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 1,700.00 |

| | | Document | Page 10 of 59 | | |
|---------------------------------|-----------------------------------|---|--------------------------------|------------------------------|--|
| Fill in this info | rmation to identify your | case and this filing: | | | |
| Debtor 1 | Christopher G Gin | es | | | |
| Dahtar 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | |
| Case number | | | | | ☐ Check if this is an |
| | | | <u> </u> | | amended filing |
| Official E | arma 106 A /D | | | | |
| _ | orm 106A/B le A/B: Prop | ortv | | | 40/45 |
| | | items. List an asset only once. If a | n asset fits in more than one | category list the asset in t | 12/15 |
| t fits best. Be as | complete and accurate as p | possible. If two married people are feet to this form. On the top of any ad | iling together, both are equal | lly responsible for supplyin | g correct information. If |
| Part 1: Describe | e Each Residence, Building | , Land, or Other Real Estate You Ov | vn or Have an Interest In | | |
| . Do vou own or | have any legal or equitable | interest in any residence, building, | land, or similar property? | | |
| ■ No. Go to Pa | | 3 , | | | |
| Yes. Where | | | | | |
| | , | | | | |
| Part 2: Describe | e Your Vehicles | | | | |
| □ No ■ Yes | , , , | illity vehicles, motorcycles | | | |
| 3.1 Make: | | Who has an interest in the | ne property? Check one. | | claims or exemptions. Put |
| Model: | | Debtor 1 only | | , | red claims on Schedule D: aims Secured by Property. |
| Year: | | Debtor 2 only | | Current value of the | Current value of the |
| Approxima Other infor | ate mileage: | Debtor 1 and Debtor 2 At least one of the deb | • • | entire property? | portion you own? |
| | rundai Sonata - Est. 7, | | lors and another | | |
| Miles | | Check if this is comm (see instructions) | nunity property | \$24,750.00 | \$24,750.00 |
| | | TVs and other recreational veh | | | |
| Examples: Bo | ats, trailers, motors, pers | onal watercraft, fishing vessels, s | snowmobiles, motorcycle a | accessories | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| 5 Add the doll | lar value of the portion | you own for all of your entries | from Part 2, including an | y entries for | #04.750.00 |
| pages you h | nave attached for Part 2 | Write that number here | | => | \$24,750.00 |
| Part 3: Describe | e Your Personal and House | ehold Items | | | |
| Do you own or | have any legal or equit | able interest in any of the follo | wing items? | | Current value of the |
| | | | | | portion you own? Do not deduct secured |
| | | | | | claims or exemptions. |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property page 1

| Debte | or 1 | Case 15-4 | | DOC 1 | Docu | ment | | 11 of 59 | ise number (| | Desc Ma | וווג | |
|----------------------------|---|---|--------------|-------------------|---------------|---------------|--------------|-----------------|----------------|-------------|-------------------------|---|---|
| - | Yes. | Describe | Furniture | 7 | | | | _ | | - | | \$500.00 |) |
| | | | 1 diffiture | , | | | | | | | | Ψοσο.σο | - |
| E) | No | nics es: Televisions a including cell Describe | | | | | oment; con | nputers, printe | ers, scanners | s; music co | ollections; ele | ectronic devices | |
| 3. Co <i>E</i> > | llectil | bles of value es: Antiques and other collecti | | | | artwork; boo | oks, pictur | es, or other ar | t objects; sta | amp, coin, | or baseball o | card collections; | |
| | Yes. | Describe | | | | | | | | | | | |
| E | vample No | ent for sports a es: Sports, photo musical instru Describe | ographic, ex | | other hobby | equipment; | bicycles, p | ool tables, go | lf clubs, skis | ; canoes a | and kayaks; o | carpentry tools; | |
| E | No . | ns bles: Pistols, rifle: Describe | s, shotguns | , ammunitio | n, and relate | ed equipmen | nt | | | | | | |
| | No | s bles: Everyday clands Describe | othes, furs, | leather coat | ts, designer | wear, shoes | , accessor | ies | | | | | |
| | | | Clothing | | | | | | | | | \$500.00 | į |
| 3. N E | No Yes. on-far Examp No Yes. ny oth | Describe rm animals bles: Dogs, cats, Describe her personal an | birds, horse | es Id items yo | | · · | | ŕ | | | old, silver | | |
| | | Give specific inf | | | | | | | | Γ | | | 1 |
| | | he dollar value art 3. Write that | - | | | _ | - | | ou have atta | ched | | \$1,000.00 | |
| Part 4 | Des | scribe Your Finan | cial Assets | | | | | | | | | | |
| Do y | ou ow | n or have any l | egal or equ | iitable inter | est in any o | f the follow | ving? | | | | portion Do not d | value of the you own? deduct secured or exemptions. | |
| | | oles: Money you | have in you | r wallet, in y | our home, ir | n a safe depo | osit box, ar | nd on hand wh | nen you file y | our petitio | n | | |

Official Form 106A/B Schedule A/B: Property page 2

Case 15-42515 Doc 1 Filed 12/17/15 Entered 12/17/15 13:47:09 Desc Main Document Page 12 of 59 Case number (if known) Debtor 1 Christopher G Gines 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Netspend Prepaid Card \$100.00 17 1 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: \$3.000.00 Retirement Fund - Roth 401(k) Retirement Fund - 401(k) \$20,000.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

| | Case 15-42515 | Doc 1 | Document | Page 13 of 59 | Desc Main | | | | | | | | |
|--|---|-----------------------------|---------------------------|--|--|--|--|--|--|--|--|--|--|
| Debtor 1 | Christopher G Gines | | | Case number (if known) | | | | | | | | | |
| | Give specific information al | oout them | | | | | | | | | | | |
| Money or | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | | | | | | |
| 28. Tax ref | 28. Tax refunds owed to you | | | | | | | | | | | | |
| ■ No □ Yes. | Give specific information ab | out them, inc | luding whether you alre | eady filed the returns and the tax years | | | | | | | | | |
| 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No □ Yes. Give specific information | | | | | | | | | | | | | |
| Examp ■ No | amounts someone owes y bles: Unpaid wages, disabilit benefits; unpaid loans Give specific information | y insurance p | | nefits, sick pay, vacation pay, workers' compe | ensation, Social Security | | | | | | | | |
| 31. Interes Examp ■ No | ts in insurance policies bles: Health, disability, or life | insurance; h | ealth savings account (| (HSA); credit, homeowner's, or renter's insura | nce | | | | | | | | |
| | Name the insurance compa Comp | ny of each po pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: | | | | | | | | |
| 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No □ Yes. Give specific information | | | | | | | | | | | | | |
| Examp ■ No | 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment <i>Examples:</i> Accidents, employment disputes, insurance claims, or rights to sue ■ No □ Yes. Describe each claim | | | | | | | | | | | | |
| ■ No | contingent and unliquidate Describe each claim | ed claims of | every nature, includin | g counterclaims of the debtor and rights to | o set off claims | | | | | | | | |
| 35. Any fin No | ancial assets you did not | already list | | | | | | | | | | | |
| ☐ Yes. | Give specific information | | | | | | | | | | | | |
| | he dollar value of all of yo art 4. Write that number he | | | ny entries for pages you have attached | \$23,100.00 | | | | | | | | |
| Part 5: Des | scribe Any Business-Related I | Property You O | wn or Have an Interest Ir | n. List any real estate in Part 1. | | | | | | | | | |
| | own or have any legal or equita | ble interest in | any business-related pro | perty? | | | | | | | | | |
| ■ No. Go to Part 6. □ Yes. Go to line 38. | | | | | | | | | | | | | |
| _ 165. G | | | | | | | | | | | | | |
| Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. | | | | | | | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 4

Case 15-42515 Doc 1 Filed 12/17/15 Entered 12/17/15 13:47:09 Desc Main Document Page 14 of 59 Case number (if known) Debtor 1 Christopher G Gines 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$24,750.00 57. Part 3: Total personal and household items, line 15 \$1,000.00 58. Part 4: Total financial assets, line 36 \$23,100.00 Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

Copy personal property total

\$48,850.00

Official Form 106A/B

Schedule A/B: Property

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$48,850.00

\$48,850.00

| | | 17(7(1)) | 111 11111 111 111 111 111 | |
|---------------------|--------------------------|-------------------|---------------------------|--|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Christopher G Gin | es | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|--|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| Furniture Line from Schedule A/B: 6.1 | \$500.00 | \$500.00 735 ILCS 5/12-1001(b) |
| Ellie Holli Goriodale 77 B. G. I | | □ 100% of fair market value, up to any applicable statutory limit |
| Clothing Line from Schedule A/B: 11.1 | \$500.00 | \$500.00 735 ILCS 5/12-1001(a) |
| Ellie Holli Genedale 74 B. 11.1 | | □ 100% of fair market value, up to any applicable statutory limit |
| Netspend Prepaid Card | \$100.00 | \$100.00 735 ILCS 5/12-1001(b) |
| Ellie Holli Golloddie 772. 17.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Retirement Fund - Roth 401(k) | \$3,000.00 | \$3,000.00 735 ILCS 5/12-1006 |
| Life from Schedule AVD. 21.1 | | □ 100% of fair market value, up to any applicable statutory limit |
| Retirement Fund - 401(k) | \$20,000.00 | \$20,000.00 735 ILCS 5/12-1006 |
| Line Holli Golledale PVD. 21.2 | | □ 100% of fair market value, up to any applicable statutory limit |

Case 15-42515 Doc 1 Filed 12/17/15 Entered 12/17/15 13:47:09 Desc Main

Debtor 1 Christopher G Gines

Christopher G Gines

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

| No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? □ No □ Yes | • | adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) |
|---|------|---|
| □ No | No | |
| | Yes. | No |

| | | Document | Page 17 | of 59 | | |
|--|---|---|-----------------------|---|--|-------------------------------|
| Fill in this informa | tion to identify yo | ur case: | | | | |
| Debtor 1 | Christopher G G | iines Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bank | ruptcy Court for the | : NORTHERN DISTRICT OF IL | LINOIS | | | |
| | | | | | | |
| Case number | | | | | | k if this is an ded filing |
| Official Form | 106D | | | | | |
| Schedule D | : Creditors | Who Have Claims | Secured | by Property | y | 12/15 |
| | | If two married people are filing togeth t, number the entries, and attach it to | | | | |
| 1. Do any creditors ha | ve claims secured by | your property? | | | | |
| ☐ No. Check th | nis box and submit | this form to the court with your other | er schedules. Yo | u have nothing else | to report on this form. | |
| _ | II of the information | • | | · · | · | |
| Part 1: List All S | Secured Claims | | | | | |
| • | | more than one secured claim, list the cre | editor separately for | Column A | Column B | Column C |
| each claim. If more that | an one creditor has a p | particular claim, list the other creditors in der according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Hyundai Find | C | Describe the property that secures | the claim: | \$29,114.00 | \$24,750.00 | \$4,364.00 |
| Creditor's Name | | 2015 Hyundai Sonata - Est. | 7,000 | | | |
| Attn: Bankru Pob 20809 Fountain Val | ptcy lley, CA 92708 | Miles As of the date you file, the claim is: apply. Contingent | : Check all that | | | |
| Number, Street, Ci | ty, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | | ☐ An agreement you made (such as car loan) | mortgage or secur | ed | | |
| Debtor 1 and Debto | or 2 only | Statutory lien (such as tax lien, me | echanic's lien) | | | |
| At least one of the | | Judgment lien from a lawsuit | | | | |
| ☐ Check if this clain community debt | n relates to a | Other (including a right to offset) | | | | |
| | Opened 4/01/15 Last | t | | | | |
| Date debt was incurre | Active ed 8/06/15 | Last 4 digits of account num | nber 4986 | | | |
| | | | | | | |
| Add the dollar value | e of your entries in C | olumn A on this page. Write that num | ber here: | \$29,11 | 4.00 | |
| If this is the last pag | | the dollar value totals from all pages. | | \$29,11 | 4.00 | |
| | | | | · | | |
| | | or a Debt That You Already Liste | | | | |
| to collect from you fo creditor for any of the do not fill out or subn | or a debt you owe to see debts that you listed nit this page. | e notified about your bankruptcy for a someone else, list the creditor in Part d in Part 1, list the additional creditors | 1, and then list the | e collection agency he | re. Similarly, if you have | e more than one |
| Name Addre | ess | (| On which line | in Part 1 did you | enter the creditor | ? |
| | | ı | Last 4 digits o | f account numbe | r | |

| | | | Document | <u> </u> | <u>e 18 of</u> | <u> </u> | | | | | |
|-----------------------------|---|--|--|---|--|---|--|--|--|--|-----------------------------------|
| -ill in i | this inforn | mation to identify your | | | | | | | | | |
| Debtor | 1 | Christopher G Gine | es | | | | | | | | |
| | | First Name | Middle Name | Last Na | ime | | | | | | |
| Debtor | | E: (N | ACT III AT | | | | | | | | |
| Spouse | if, filing) | First Name | Middle Name | Last Na | ime | | | | | | |
| Jnited | States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | | | | | | | |
| Case n | umber | | | | | | | | | | |
| if known | | | | | | | | | ☐ Check | if this is | an |
| | | | | | | | | | amend | ed filing | |
|)ffic | ial For | m 106E/F | | | | | | | | | |
| | | | Who Have Uncom | rad C | laima | | | | | | 40/45 |
| | | | Who Have Unsecue Part 1 for creditors with PRIORIT | | | | we with NOND | DIODIT | V alaima Liat | 460 0460 | 12/15 |
| : Credi ne Cont umber | tors Who H tinuation Pa (if known). | lave Claims Secured by Proage to this page. If you hav | red Leases (Official Form 106G). D operty. If more space is needed, coe no information to report in a Part | opy the Pa | ırt you need, | fill it ou | t, number the | entries | in the boxes of | on the lef | t. Attach |
| Part 1: | | II of Your PRIORITY Un | | | | | | | | | |
| | Do any cred | ditors have priority unsecu to Part 2. | irea ciaims against you? | | | | | | | | |
| | | | | | | | | | | | |
| | Yes. | | | | | | | | | | |
| 2. | identify what | t type of claim it is. If a claim | ms. If a creditor has more than one phas both priority and nonpriority amo | ounts, list t | hat claim her | e and sh | ow both priority | and no | npriority amou | nts. As m | uch as |
| 2. | identify what possible, list Part 1. If mo | t type of claim it is. If a claim t the claims in alphabetical o ore than one creditor holds a | | ounts, list t e. If you ha ors in Part 3 | hat claim her ve more thar 3. | re and sh two prio | ow both priority | and no claims, f | npriority amoui ill out the Conf | nts. As m inuation f | uch as Page of ority |
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| 2. | Illinois C Priority Cre Hfs/Attn 509-4-42 509 S 66 Springfie Number St Who incur Debtor Debtor At lease Check communit | t type of claim it is. If a claim to the claims in alphabetical or the claims in alphabetical or than one creditor holds a clanation of each type of claim child Suppopeditor's Name: Bankruptcy/Mail Dro 2 th St. eld, IL 62701 treet City State Zlp Code cred the debt? Check one. 1 only 2 only 1 and Debtor 2 only to one of the debtors and and if this claim is for a | has both priority and nonpriority and order according to the creditor's name particular claim, list the other creditor, see the instructions for this form in Last 4 digits of account n D: When was the debt incurr As of the date you file, the Contingent Unliquidated Disputed | ured claim | hat claim her ve more than 3. ction booklet. Opened 7 Active 9/0 | * Total \$ 7/01/04 08/15 | claim 1,700.00 Last | and no claims, f Priorit amou | npriority amou ill out the Conf by nt | nts. As m inuation I Nonprio amount | uch as Page of prity |
| 2. | Illinois C Priority Cre Hfs/Attn 509-4-42 509 S 66 Springfie Number St Who incur Debtor Debtor At lease Check communit | t type of claim it is. If a claim to the claims in alphabetical or the claim of each type of claim child Suppoper claims. Child Suppoper claims is a child Suppoper claims. Child Suppoper claims is claim is for a child suppoper claims. Child Suppoper | Last 4 digits of account n Contingent As of the date you file, the Contingent Unliquidated Disputed Type of PRIORITY unsecu | counts, list to be If you have in Part 3 the instructions are claim is: | hat claim her ve more than 3. Cition booklet. O031 Opened 7 Active 9/0 | e and shot two prior Total \$ 7/01/04 08/15 hat apply | claim 1,700.00 Last | and no claims, f Priorit amou | npriority amou ill out the Conf by nt | nts. As m inuation I Nonprio amount | uch as Page of prity |
| 2. | Illinois C Priority Cre Hfs/Attn 509-4-42 509 S 61 Springfie Number St Who incur Debtor Debtor At least Check communit Is the clain | t type of claim it is. If a claim to the claims in alphabetical or the claim of each type of claim child Suppoper claims. Child Suppoper claims is a child Suppoper claims. Child Suppoper claims is claim is for a child suppoper claims. Child Suppoper | has both priority and nonpriority and order according to the creditor's name particular claim, list the other creditor, see the instructions for this form in Last 4 digits of account n Dip: When was the debt incurr As of the date you file, the Contingent Unliquidated Disputed Type of PRIORITY unsecutions for this form in | ured claim ations ations ations ations ations ations ations ations ations | hat claim her ve more than 3 | e and she two prior Total \$\$ 7/01/04 08/15 mat apply | claim 1,700.00 Last | and no claims, f Priorit amou | npriority amou ill out the Conf by nt | nts. As m inuation I Nonprio amount | uch as Page of prity |
| 2. | Illinois C Priority Cre Hfs/Attn 509-4-42 509 S 61 Springfie Number St Who incur Debtor Debtor At leas: Check communit Is the clain | t type of claim it is. If a claim to the claims in alphabetical or the claim of each type of claim child Suppoper claims. Child Suppoper claims is a child Suppoper claims. Child Suppoper claims is claim is for a child suppoper claims. Child Suppoper | has both priority and nonpriority and order according to the creditor's name particular claim, list the other creditor, see the instructions for this form in Last 4 digits of account n D: When was the debt incurr As of the date you file, the Contingent Unliquidated Disputed Type of PRIORITY unsecu | ured claim ations ations ations ations ations ations ations ations ations | hat claim her ve more than 3 | e and she two prior Total \$\$ 7/01/04 08/15 mat apply | claim 1,700.00 Last | and no claims, f Priorit amou | npriority amou ill out the Conf by nt | nts. As m inuation I Nonprio amount | uch as Page of prity |

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| Debtor | 1 Christopher G Gines | | Case number (if | know) | | | |
|---------|--|--|-------------------------------------|---------------|----------------|---------------------|--------------|
| 2.2 | | | | | | | |
| | Renee Donlan | Last 4 digits of account number | \$ | 0.00 | \$ | 0.00 \$ | \$0.00 |
| | Priority Creditor's Name c/o Illinois Dept of Healthcare PO Box 19405 | When was the debt incurred? | | | | | |
| | Springfield, IL 62794 Number Street City State Zlp Code | As of the date you file, the claim is | : Check all that apply | | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 only | _ | | | | | |
| | ☐ Debtor 2 only | Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | | | | | | |
| | ☐ Check if this claim is for a community debt | Type of PRIORITY unsecured clain | n: | | | | |
| | Is the claim subject to offset? | ■ Domestic support obligations | | | | | |
| | ■ No | ☐ Taxes and certain other debts you | u owe the government | | | | |
| | ☐Yes | ☐ Claims for death or personal injur | y while you were intoxicate | ed | | | |
| | | ☐ Other. Specify | , ., | | | | |
| | | | | | | | |
| Part 2: | List All of Your NONPRIORITY Unse | ecured Claims | | | | | |
| 3. | Do any creditors have nonpriority unsecured | claims against you? | | | | | |
| | \square No. You have nothing to report in this part. So | ubmit this form to the court with your o | ther schedules. | | | | |
| | Yes. | | | | | | |
| | l i - t - II - f | the aboliched attack and a of the anad | :: | 16116 | | - 41 | - uta |
| | List all of your nonpriority unsecured claims i unsecured claim, list the creditor separately for e | ach claim. For each claim listed, ident | tify what type of claim it is. | Do not list o | laims alrea | dy included in Par | t 1. If more |
| | than one creditor holds a particular claim, list the Part 2. | other creditors in Part 3.If you have m | nore than three nonpriority | unsecured of | claims fill ou | ut the Continuation | Page of |
| | | | | | | Total claim | |
| 4.1 | American Financial Credit Services | Last 4 digits of account numb | er 9296 | | | \$ | 96.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy | When was the debt incurred? | Opened 11/01/ | 12 | | | |
| | 10333 N Meridian St. Suite 270 Indianapolis, IN 46290 | _ | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the cla | im is: Check all that apply | ′ | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 only | _ | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsect | ured claim: | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a s | separation agreement or d | ivorce that y | ou did | | |
| | ■ No | Debts to pension or profit-sh | aring plans, and other sim | ilar debts | | | |
| | Yes | | lection Attorney We althpartners | llgroup | | | |
| 4.2 | American Financial Credit Services | Last 4 digits of account numb | er 5604 | | | \$ | 25.00 |
| | Nonpriority Creditor's Name | _ | | | | | |
| | Attn: Bankruptcy 10333 N Meridian St. Suite 270 | When was the debt incurred? | Opened 7/01/ | 14 | | | |
| | Indianapolis, IN 46290 Number Street City State Zlp Code | As of the date you file, the clai | im is: Check all that apply | , | | | |
| | , J.a | | o a triat appl) | | | | |

Official Form 106 E/F

Case 15-42515 Doc 1 Filed 12/17/15 Entered 12/17/15 13:47:09 Desc Main Page 20 of 59 Document Case number (if know) Debtor 1 Christopher G Gines Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney St Francis Medical ☐ Yes Other. Specify Group 4.3 25.00 American Financial Credit Services 1955 Last 4 digits of account number \$ Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? Opened 8/01/14 10333 N Meridian St. Suite 270 Indianapolis, IN 46290 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Collection Attorney St Francis Medical ☐ Yes Other. Specify Group 4.4 American Financial Credit Services 9295 25.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? Opened 11/01/12 10333 N Meridian St. Suite 270 Indianapolis, IN 46290 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans

Is the claim subject to offset?

■0

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

□ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Collection Attorney Wellgroup

Healthpartners

debt

■ No

☐ Yes

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| Debto | r 1 Christopher G Gines | | Case number (if know) | |
|-------|---|--|--|-------------|
| 4.5 | American Financial Credit Services Nonpriority Creditor's Name Attn: Bankruptcy 10333 N Meridian St. Suite 270 | Last 4 digits of account numbe When was the debt incurred? | Opened 6/01/14 | \$ 25.00 |
| | Indianapolis, IN 46290 | | | |
| | Number Street City State Zlp Code | As of the date you file, the clair | n is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | - | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecu | red claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a senot report as priority claims | paration agreement or divorce that you did | |
| | No | ☐ Debts to pension or profit-sha | ring plans, and other similar debts | |
| | Yes | Other. Specify College | ection Attorney St Francis Medical | |
| 4.6 | American Financial Credit Services | Last 4 digits of account numbe | r 8780 | \$ 25.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 10333 N Meridian St. Suite 270 Indianapolis, IN 46290 | When was the debt incurred? | Opened 7/01/14 | |
| | Number Street City State Zlp Code | As of the date you file, the clair | n is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Debtor 1 only | · · | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecu | red claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a senot report as priority claims | paration agreement or divorce that you did | |
| | No | ☐ Debts to pension or profit-sha | ring plans, and other similar debts | |
| | Yes | — Other openi | ection Attorney Wellgroup Ithpartners | |
| 4.7 | American Financial Credit Services | Last 4 digits of account numbe | r 5605 | \$ 25.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 10333 N Meridian St. Suite 270 | When was the debt incurred? | Opened 7/01/14 | |
| | Indianapolis, IN 46290 Number Street City State Zlp Code | As of the date you file, the clair | n is: Check all that apply | |
| | | , ,,, olan | | |

| Debto | 1 Christopher G Gines | Document F | Page | 22 of 59 Case number (if know) | | | |
|-------|--|---|-------------|--|----|--------|--|
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 only | □ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY up | nsecure | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out not report as priority claims | | ration agreement or divorce that you did | | | |
| | ■ No | | | g plans, and other similar debts | | | |
| | Yes | Other. Specify | Collec | tion Attorney St Francis Medical | | | |
| 4.8 | American Financial Credit Services | Last 4 digits of account n | number | 2256 | \$ | 25.00 | |
| | Nonpriority Creditor's Name | - | | | | | |
| | Attn: Bankruptcy 10333 N Meridian St. Suite 270 Indianapolis, IN 46290 | When was the debt incur | red? | Opened 8/01/14 | | | |
| | Number Street City State Zlp Code | As of the date you file, th | e claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | Obligations arising out not report as priority claims | | ration agreement or divorce that you did | | | |
| | ■ No | ☐ Debts to pension or pro | ofit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | tion Attorney Wellgroup partners | | | |
| 4.9 | American Financial Credit Services | Last 4 digits of account n | numher | 5986 | \$ | 25.00 | |
| | Nonpriority Creditor's Name | Last 4 digits of account i | iumbei | | Ψ | | |
| | Attn: Bankruptcy 10333 N Meridian St. Suite 270 | When was the debt incur | red? | Opened 12/01/14 | | | |
| | Indianapolis, IN 46290 Number Street City State Zlp Code | As of the date you file, th | e claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY up | nsecure | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | Obligations arising out not report as priority claims | | ration agreement or divorce that you did | | | |
| | ■ No | | | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | tion Attorney Wellgroup partners | _ | | |
| 4.10 | Creditors Collection B | Last 4 digits of account r | numbor | 9034 | | 125.00 | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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| Deptor | Christopher G Gines | | Case number (if know) | | |
|--------|---|---|--|----|--------|
| | Nonpriority Creditor's Name 755 Almar Pkwy Bourbonnais, IL 60914 | When was the debt incurred? | Opened 12/01/11 | | |
| | Number Street City State Zlp Code | As of the date you file, the clain | n is: Спеск ан тлат арріу | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | _ | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecui | red claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a se not report as priority claims | paration agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-sha | ring plans, and other similar debts | | |
| | ☐ Yes | | ection Attorney Assoc. St. James iologists | | |
| 4.11 | Enhanced Recovery Corp | Last 4 digits of account numbe | r 7320 | \$ | 579.00 |
| | Nonpriority Creditor's Name Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256 | When was the debt incurred? | Opened 4/01/15 | | |
| | Number Street City State Zlp Code | As of the date you file, the clain | n is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | <u> </u> | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecui | red claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a se not report as priority claims | paration agreement or divorce that you did | | |
| | ■ No | Debts to pension or profit-sha | ring plans, and other similar debts | | |
| | Yes | Other. Specify | ection Attorney Tmobile | | |
| 4.12 | Illinois Collection Service/ICS | Last 4 digits of account numbe | r 1324 | \$ | 67.00 |
| | Nonpriority Creditor's Name | - | | * | |
| | Illinois Collection Service Po Box 1010 Tipley Pork II 60477 | When was the debt incurred? | Opened 6/01/13 | | |
| | Tinley Park, IL 60477 Number Street City State Zlp Code | As of the date you file, the clain | n is: Check all that apply | | |

| Debtor | 1 Christopher G Gines | Document | Page | 24 of 59 Case number (if know) | | | |
|---------|--|---|------------------|---|----|--------|--|
| | Who incurred the debt? Check one. | | | · , | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | _ | _ | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY | uncocuro | d claim: | | | |
| | At least one of the debtors and another | | unsecure | u Claiiii. | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising ou not report as priority claim | | aration agreement or divorce that you did | | | |
| | ■ No | Debts to pension or p | rofit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify | | tion Attorney Midwest Neoped iates Ltd | - | | |
| 4.13 | Med Business Bureau | Last 4 digits of account | number | 9277 | \$ | 50.00 | |
| | Nonpriority Creditor's Name Po Box 1219 Porty Ridge II 60068 | When was the debt incu | ırred? | Opened 11/01/12 | | | |
| | Park Ridge, IL 60068 Number Street City State Zlp Code | As of the date you file, | the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | Debtor 1 only | _ | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | Obligations arising ou | | aration agreement or divorce that you did | | | |
| | ■ No | Debts to pension or p | rofit-sharin | g plans, and other similar debts | | | |
| | ☐Yes | Other. Specify | Collect Patho | tion Attorney Med1 02 Consultants In logy | _ | | |
| 4.14 | Mrsi | Last 4 digits of account | number | 4135 | \$ | 104.00 | |
| | Nonpriority Creditor's Name | Last + digits of account | Humber | | Ψ | | |
| | 2250 E Devon Ave Ste 352 | When was the debt incu | ırred? | Opened 9/01/13 | | | |
| | Des Plaines, IL 60018 Number Street City State Zlp Code | As of the date you file, | the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | cogo | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising ou not report as priority clain | | aration agreement or divorce that you did | | | |
| | ■ No | Debts to pension or p | rofit-sharin | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify | Collect Patho | etion Attorney Midwest Diagnostic logy A | - | | |
| 4.15 | Municollofam | Last A digita of secs | number | 0717 | Ф. | 250.00 | |
| لـــــا | Nonpriority Creditor's Name | Last 4 digits of account | number | <u> </u> | \$ | | |

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| Debto | r 1 Christopher G Gines | Case number (if know) | |
|-------|---|---|--------------|
| | 3348 Ridge Road Lansing, IL 60438 Number Street City State Zlp Code | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify 04 Village Of Park Forest | |
| 1.16 | Municollofam | Last 4 digits of account number 4936 | \$ 250.00 |
| | Nonpriority Creditor's Name 3348 Ridge Road | When was the debt incurred? | |
| | Lansing, IL 60438 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | _ containgon | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify 04 Village Of Park Forest | |
| 1.17 | Municollofam | Last 4 digits of account number 5011 | \$ 337.00 |
| | Nonpriority Creditor's Name 3348 Ridge Road | When was the debt incurred? | |
| | Lansing, IL 60438 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify 04 Village Of Park Forest | |
| 1.18 | Municollofam | Last 4 digits of account number 1122 | \$ 337.00 |

Nonpriority Creditor's Name

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Case number (if know)

| Debio | 3348 Ridge Road | When was the debt incurred? | | |
|-------|---|---|----|--------|
| | Lansing, IL 60438 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify 04 Village Of Olympia Fields | | |
| 4.19 | Municollofam | Last 4 digits of account number 0089 | \$ | 250.00 |
| | Nonpriority Creditor's Name 3348 Ridge Road Lansing, IL 60438 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify 04 Village Of Park Forest | | |
| 4.20 | Municollofam | Last 4 digits of account number 8493 | \$ | 750.00 |
| | Nonpriority Creditor's Name 3348 Ridge Road Lansing, IL 60438 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | ls the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify 04 Village Of Park Forest Lo | | |
| 4.21 | Municollofam | Last 4 digits of account number 6554 | \$ | 250.00 |
| | Nonpriority Creditor's Name | | - | |

Case 15-42515 Doc 1 Filed 12/17/15 Entered 12/17/15 13:47:09 Desc Main Document Page 27 of 59 Debtor 1 Christopher G Gines Case number (if know) 3348 Ridge Road When was the debt incurred? Lansing, IL 60438 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 04 Village Of Park Forest Other. Specify 4.22 Municollofam 6553 250.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3348 Ridge Road Lansing, IL 60438 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 04 Village Of Park Forest Other. Specify 4.23 2,231.00 Verizon 0001 Last 4 digits of account number \$ Nonpriority Creditor's Name 500 Technology Dr Opened 6/01/11 Last Ste 550 When was the debt incurred? Active 8/31/15 Weldon Spring, MO 63304 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ No

☐ Yes

not report as priority claims

Other. Specify

☐ Obligations arising out of a separation agreement or divorce that you did

☐ Debts to pension or profit-sharing plans, and other similar debts

Unsecured

Is the claim subject to offset?

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Debtor 1 Christopher G Gines

Case number (if know)

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

-NONE-

On which entry in Part 1 or Part2 did you list the original creditor?

Line of (Check one): Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total cla | aim |
|--------------|-----|---|-----|-------------|----------|
| | 6a. | Domestic support obligations | 6a. | \$ | 1,700.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 1,700.00 |
| | | | | Total Claim | |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 6,126.00 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 6,126.00 |

| | | 17/7/11/11/ | 311 1 12(1) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
|---------------------|--------------------------|-------------------|---|--|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Christopher G Gin | es | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number, | whom you have the Street, City, State and ZIP (| contract or lease | State what the contract or lease is for |
|-----|-----------|----------------------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | | | | | |

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| | | DOGDINE | <u>ui Paue su c</u> | <u> </u> |
|--------------------------------|--|--|-------------------------|--|
| Fill in this | information to identify your | case: | | |
| Debtor 1 | Christopher G Gin | es | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case numb | her | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Official | l Form 106H | | | |
| | ule H: Your Cod | ebtors | | 12/15 |
| ill it out, ar | | boxes on the left. Attack Answer every question | h the Additional Page t | tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write e as a codebtor. |
| ■ No □ Yes | s | | | |
| Arizona | hin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spo | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | ry? (Community property states and territories include ington, and Wisconsin.) |
| in line Form | 2 again as a codebtor only i | f that person is a guaran | ntor or cosigner. Make | r if your spouse is filing with you. List the person shown sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
| - | Name Number Street | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line |
| | City | State | ZIP Code | |
| 3.2 | | | | ☐ Schedule D, line |
| | Name | | | ☐ Schedule E/F, line ☐ ☐ Schedule G, line ☐ |
| | Number Street | State | 710.0-1- | _ |
| (| City | State | ZIP Code | |

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| Fill | in this information to identify your c | ase: | | | | | | | | |
|-------------|--|--------------------------|---|----------|-------|--|--------------------------------|------------------------------|---------|--|
| Del | btor 1 Christopher C | G Gines | | | _ | | | | | |
| | btor 2 puse, if filing) | | | | _ | | | | | |
| Uni | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | |
| | se number | | - | | | Check if this is: An amended A suppleme 13 income a | nt showin | g postpetition | | |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | YYY | | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 | |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. It 1: Describe Employment Fill in your employment | r spouse is not filing w | ith you, do not inclu | ude info | rmati | on about your spo d case number (if l | ouse. If m known). <i>I</i> | ore space is Answer every | needed, | |
| | information. | | | | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Emplo | | | | |
| | employers. | Occupation | Machine Operator | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Griffith Laborato | ries | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1 Griffith Center Alsip, IL 60803 | | | | | | | |
| | | How long employed t | here? 5 Years | 5 | | | | | | |
| Pai | rt 2: Give Details About Mor | nthly Income | | | | | | | | |
| spo | mate monthly income as of the duse unless you are separated. | • | | · | • | | · | • | J | |
| | e space, attach a separate sheet to | | | | | | | | | |
| | | | | | | For Debtor 1 | | btor 2 or ng spouse | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 3,130.40 | \$ | N/A | | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 3,130.40 | \$ | N/A | | |

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| Debt | tor 1 | Christopher G Gines | | (| Case number (if kn | own) | | | | |
|------|--------------------|---|----------|----------|--------------------|-------------------|---------|------------------|----------------------|--------------------|
| | Cor | by line 4 here | 4. | | For Debtor 1 | 10 | | ebtor iling s | 2 or pouse N/A | |
| | COL | by line 4 here | 4. | • | \$3,130 |). 4 U | Ψ | | IN/F | <u>1</u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | | \$ 315 | | \$ | | N/A | _ |
| | 5b. | Mandatory contributions for retirement plans | 5k | | | 0.00 | \$ | | N/A | |
| | 5c. 5d. | Voluntary contributions for retirement plans Required repayments of retirement fund loans | 50 50 | | | 0.00 | \$ | | N/A | |
| | 5e. | Insurance | 56 | | · : — — | .37 | \$ — | | N/A | _ |
| | 5f. | Domestic support obligations | 5f | | | 5.17 | \$ | | N/A | |
| | 5g. | Union dues | 50 | g. | | 0.00 | \$ | | N/A | \ |
| | 5h. | Other deductions. Specify: | _ 5ł | h.+ | \$ | 0.00 | + \$ | | N/A | <u>\</u> |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$898 | 3.61 | \$ | | N/A | <u>\</u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$2,231 | .79 | \$ | | N/A | <u>\</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | a. | \$ 0 | 0.00 | \$ | | N/A | 4 |
| | 8b. | Interest and dividends | 8k | b. | | 0.00 | \$ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | c. | \$ 0 | 0.00 | \$ | | N/A | 1 |
| | 8d. | Unemployment compensation | 80 | d. | \$ 0 | 0.00 | \$ | | N/A | 1 |
| | 8e. | Social Security | 86 | е. | \$ | 0.00 | \$ | | N/A | <u>\</u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f | | | 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 80 | - | | 0.00 | | | N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 8r | h.+ _ | \$C | 0.00 | + \$ | | N/A | <u>\</u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$C | 0.00 | \$ | | N/ | <u>'A</u> |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | 2,231.79 | + \$ | | N/A | = \$ | 2,231.79 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | <u> </u> | _, | ļ · - | | | <u> </u> | _,, |
| 11. | Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify: | dep | | . , | | | chedule 11. | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certallies | | | | | | 12. | \$ | 2,231.79 |
| 13. | Do | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | Comb month | ined ily income |
| | | Voc Explain: | | | | | | | | |

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| | | | | | | _ | | | | |
|---------------------|---|-------------------------------------|-------------------------------------|---|---|--------------------------|--------------|--------------------------------------|---|--------------|
| | n this informa | tion to identify yo | our case: | | | | | | | |
| Debt | tor 1 | Christopher C | Gines | | | CI | neck | if this is: | | |
| | | <u> </u> | - | | | | Ar | n amended filing | | |
| Debt | tor 2 | | | | | | | | wing postpetition char | oter |
| (Spo | use, if filing) | | | | | | 13 | B expenses as of | the following date: | |
| Unite | ed States Bankr | uptcy Court for the: | NORTH | | М | M / DD / YYYY | | | | |
| Case | e number | | | | | | | | | |
| (If kr | nown) | | | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | | | |
| Sc | hedule | J: Your I | Exper | ISES | | | | | | 12/15 |
| Be a info nun | as complete a rmation. If m nber (if know | and accurate as | possible eded, atta y questio | . If two married peopl ach another sheet to t | | | | | | |
| Part | Is this a joir | | rioid | | | | | | | |
| | ■ No. Go to | | | | | | | | | |
| | _ | | in a senar | ate household? | | | | | | |
| | □ 105. D00 | | iii a sepai | ate nousenoia. | | | | | | |
| | | | et file Offic | ial Form 106J-2, Exper | nses for Senarate Hou | sehold of F |)ehtc | nr 2 | | |
| | | | or me eme | 1011 1000 Z, Expor | 1000 for Coparato From | 00/10/0 01 2 | ODIO | ,, 2. | | |
| 2. | Do you have | e dependents? | ☐ No | | | | | | | |
| | Do not list D and Debtor 2 | | Yes. | Fill out this information for each dependent | • | | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | | □ No | |
| | dependents | names. | | | Child | | | 15 | Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | ☐ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 3. | Do your ove | enses include | _ | | | | | | ☐ Yes | |
| J. | expenses of | f people other to d your depende | han $_{m 	au}$ | No Yes | | | | | | |
| Part | 2: Estim | ate Your Ongoi | ng Month | ly Expenses | | | | | | |
| exp | mate your ex enses as of a licable date. | openses as of your date after the l | our bankr pankrupto | uptcy filing date unles y is filed. If this is a s | ss you are using this supplemental <i>Schedu</i> | form as a le J, checl | sup k the | plement in a Cha box at the top o | apter 13 case to rep of the form and fill in | ort 1 the |
| Incl | ude expense | s paid for with i | non-cash | government assistan | ce if you know | | | | | |
| | | | d have in | cluded it on Schedule | e I: Your Income | | | Vaurava | | |
| (Off | icial Form 10 | 061.) | | | | | | Your expe | enses | |
| 4. | | or home owners | | nses for your residence or lot. | ce. Include first mortga | ge 4. | \$ | | 472.00 | |
| | . , | led in line 4: | - | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4a. 4b. | ٠. | | 0.00 | |
| | | • | | upkeep expenses | | 4c. | | | 0.00 | |
| | | owner's associat | | | | 4d. | ٠. | | 0.00 | |
| 5. | Additional n | nortgage payme | ents for yo | our residence, such as | s home equity loans | 5. | \$ | | 0.00 | |

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| otor 1 Christopher G Gines | Jase num | ber (if known) | |
|--|----------------------------------|-----------------------------|---|
| Utilities: | | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ | 250.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ | 0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 0.00 |
| 6d. Other. Specify: | 6d. | \$ | 0.00 |
| Food and housekeeping supplies | | \$ | 399.00 |
| Childcare and children's education costs | 8. | \$ | 0.00 |
| Clothing, laundry, and dry cleaning | 9. | \$ | 66.00 |
| Personal care products and services | 10. | \$ | 30.00 |
| Medical and dental expenses | 11. | \$ | |
| • | 11. | Φ | 0.00 |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 75.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 |
| Charitable contributions and religious donations | 14. | \$ | 0.00 |
| <u> </u> | 14. | Φ | 0.00 |
| Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | \$ | 0.00 |
| 15b. Health insurance | 15a. 15b. | · | 0.00 |
| 15c. Vehicle insurance | 15b. 15c. | · | |
| | | · | 174.00 |
| 15d. Other insurance. Specify: | 15d. | Φ | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| Installment or lease payments: | _ 10. | Ψ | 0.00 |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. | · - | 0.00 |
| 17c. Other. Specify: | 17c. | · | 0.00 |
| 17d. Other. Specify: | — 17d. | * | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as | _ ''u. | Ψ | 0.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | 19. | | 0.00 |
| Other real property expenses not included in lines 4 or 5 of this form or on Scheo | | our Income. | |
| 20a. Mortgages on other property | 20a. | | 0.00 |
| 20b. Real estate taxes | 20b. | · — | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | · - | 0.00 |
| 20e. Homeowner's association or condominium dues | 20d. 20e. | · | 0.00 |
| | | · | |
| Other: Specify: | 21. | +\$ | 0.00 |
| Calculate your monthly expenses | | | |
| 22a. Add lines 4 through 21. | | \$ | 1,466.00 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,466.00 |
| | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Calculate your monthly net income. | 66 | Φ. | 2 22 4 = 2 |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 2,231.79 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,466.00 |
| One Outlined was a salth to a second from | | | |
| 23c. Subtract your monthly expenses from your monthly income. | 23c. | \$ | 765.79 |
| The result is your <i>monthly net income</i> . | 200. | | |
| Do you expect an increase or decrease in your expenses within the year after your For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? No. | ı file this ortgage pa | s form? syment to increa | se or decrease because of a |
| ■ INU. | | | |
| ☐ Yes. Explain here: Debtor pays half of the rent, his girlfriend pays the | | | |

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| Fill in this info | ormation to identify your | case: | | | |
|----------------------------------|---|--------------------------|-----------------------------|--|---|
| Debtor 1 | Christopher G Gin | es | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Sankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official Fo | rm 106Dec | | | | |
| Declara | ition About a | n Individual | Debtor's Sch | nedules | 12/15 |
| obtaining mon years, or both. | | n connection with a bank | | | ement, concealing property, or 00, or imprisonment for up to 20 |
| Did you p | pay or agree to pay some | one who is NOT an attor | ney to help you fill out ba | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | ch <i>Bankruptcy Petiti</i> <i>Signature</i> (Official Fo | ion Preparer's Notice, Declaration, nrm 119). |
| | nalty of perjury, I declare are true and correct. | that I have read the sum | mary and schedules filed | with this declaration | on and |
| X /s/ Ch | nristopher G Gines | | X | | |
| Chris | topher G Gines ture of Debtor 1 | | Signature of D | ebtor 2 | |

Date

Date December 17, 2015

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| GHI. | in this inform | ation to identify year | r caso: | | | | | | | | | |
|--------|--|---|------------------------------|---------------------|--|---|---|--|--|--|--|--|
| | otor 1 | Christopher C. Ci | | | | | | | | | | |
| Den | itor i | Christopher G Gi | Middle Nam | e | Last Name | | | | | | | |
| | otor 2 use if, filing) | First Name | Middle Nam | e | Last Name | | | | | | | |
| | | kruptcy Court for the: | | | FILLINOIS | | | | | | | |
| | | initiapitoy Court for tillo. | | | | | | | | | | |
| (if kn | e number | | | | | _ | Check if this is an amended filing | | | | | |
| | ficial For | | Affairs for | Individu | uals Filing for B | ankruptcy | 12/1 | | | | | |
| infor | mation. If mo | | , attach a separat stion. | te sheet to th | nis form. On the top of ar | e equally responsible for suny additional pages, write yo | | | | | | |
| | | current marital state | | vviiere rou i | Liveu Belore | | | | | | | |
| | ☐ Married■ Not marr | ied | | | | | | | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere | other than w | here you live now? | | | | | | | |
| | ■ No □ Yes. List | ist all of the places you lived in the last 3 years. Do not include where you live now. | | | | | | | | | | |
| | Debtor 1 Pri | or Address: | | s Debtor 1 there | Debtor 2 Prior Ad | ddress: | Dates Debtor 2 lived there | | | | | |
| | | | | | | nity property state or territo Rico, Texas, Washington and | | | | | | |
| | ■ No □ Yes. Mal | ke sure you fill out <i>Sc</i> | hedule H: Your Co | odebtors (Offi | cial Form 106H). | | | | | | | |
| Par | Explain | n the Sources of You | ır Income | | | | | | | | | |
| 4. | Fill in the total | amount of income yo | ou received from a | ll jobs and all | a business during this y I businesses, including par together, list it only once u | | endar years? | | | | | |
| | □ No ■ Yes. Fill | in the details. | | | | | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | | | | | |
| | | | Sources of inco | | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | | | |
| | | | ■ Wages, components, tips | missions, | \$29,469.00 | ☐ Wages, commissions, bonuses, tips | | | | | | |
| | | | ☐ Operating a b | ousiness | | ☐ Operating a business | | | | | | |

Official Form 107

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| | | _ | | | | |
|---|---|--|--|--|---|---|
| | | Debtor 1 | | Debtor 2 | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | | ■ Wages, commissions, bonuses, tips | \$42,000.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | ☐ Operating a business | | Operating a l | ousiness | |
| | | ■ Wages, commissions, bonuses, tips | \$36,000.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | ☐ Operating a business | | ☐ Operating a l | ousiness | |
| 5. | Include income regardless of whunemployment, and other public gambling and lottery winnings. If | ome during this year or the two nether that income is taxable. Exame benefit payments; pensions; ren f you are filing a joint case and you not from each source separate | amples of other income are stal income; interest; divider ou have income that you recome the state of the state | alimony; child supp ids; money collecte eived together, list | ed from lawsui it only once u | ts; royalties; and |
| | | Dahtan 4 | | Dahtan 2 | | |
| | | Sources of income Describe below | Gross income (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| Pa | art 3: List Certain Payments Y | ou Made Before You Filed for E | Bankruptcy | | | |
| 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? □ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by individual primarily for a personal, family, or household purpose." □ During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, or not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. ■ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? ■ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. | | | | | e total amount you d alimony. Also, do | |
| | Creditor's Name and Address | Dates of paymer | nt Total amount paid | Amount you still owe | was tills pa | yment for |
| 7. | Insiders include your relatives; a corporations of which you are ar including one for a business you support and alimony. | for bankruptcy, did you make a any general partners; relatives of a n officer, director, person in contro operate as a sole proprietor. 11 | any general partners; partne ol, or owner of 20% or more | erships of which you of their voting sec | u are a genera urities; and an | al partner; y managing agent, |
| | NoYes. List all payments to an | n insider | | | | |
| | Insider's Name and Address | Dates of paymer | nt Total amount | Amount you | Reason for | this payment |

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Debtor 1 Christopher G Gines

| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | |
|-----|---|-----------------------|----------------------|----------------------|----------------------------|------------------------------|
| | No | | | | | |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Pai | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo | | erty repossessed, f | oreclosed, garnis | hed, attache | d, seized, or levied? |
| | Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | | | | property |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bed No Yes. Fill in the details. Creditor Name and Address | | - | | action was | amounts from your Amoun |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes | | erty in the possess | | | efit of creditors, a |
| Pai | tt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift. Ciffs with a total value of more than \$500. | | s with a total value | | | |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and | Describe the gifts | | the gi | s you gave ifts | Value |
| | Address: | | | | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or cor | | s or contributions | with a total value | of more than | \$600 to any charity |
| | Gifts or contributions to charities that too more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | tal Describe what you | ı contributed | Dates | s you ibuted | Value |
| Pai | tt 6: List Certain Losses | | | | | |
| | | | | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

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Debtor 1 Christopher G Gines

| | disector or combling? | | | | | | | |
|-----|---|--|--|---|---------------------|--|---|--|
| | disaster, or gambling? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and | Descril | be any insurance o | coverage for the I | oss | Date of your | Value of property | |
| | how the loss occurred | | the amount that institutions of the second s | | | loss | lost | |
| Par | t 7: List Certain Payments or Transfers | 3 | | | | | | |
| 16. | consulted about seeking bankruptcy or | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ou" | Description and transferred | value of any prop | perty | Date payment or transfer was made | Amount of payment | |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that | ditors o | r to make paymen | lse acting on you ts to your credito | r behalf pay ors? | or transfer any prope | erty to anyone who | |
| | No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | | Description and transferred | value of any prop | perty | Date payment or transfer was made | Amount of payment | |
| 18. | Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have all No Yes. Fill in the details. | r busine made a | ess or financial af as security (such as | fairs? the granting of a | | | | |
| | Person Who Received Transfer | | Description and | value of | Describe a | any property or | Date transfer was | |
| | Address | | property transfe | | payments paid in ex | received or debts change | made | |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for bank beneficiary? (These are often called asset ■ No □ Yes. Fill in the details. | | | ny property to a s | self-settled tru | ust or similar device | of which you are a | |
| | Name of trust | | Description and | value of the prop | erty transferr | ed | Date Transfer was made | |
| Par | t 8: List of Certain Financial Accounts | Instrum | nents. Safe Denos | it Boxes, and Sto | orage Units | | made | |
| | | | - | | | | | |
| 20. | Within 1 year before you filed for bankru sold, moved, or transferred? Include checking, savings, money marke houses, pension funds, cooperatives, as | et, or otl | her financial acco | unts; certificates | of deposit; sl | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | | st 4 digits of count number | Type of accour instrument | clo | te account was sed, sold, oved, or | Last balance before closing or transfer | |

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Debtor 1 Christopher G Gines

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | |
|-----|---|---|--------------------------------------|-----------------------|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | |
| 22. | Have you stored property in a storage unit or | place other than your home within 1 | year before you filed for bankruptcy | , | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | |
| Par | t 9: Identify Property You Hold or Control fo | r Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Include any propert | ry you borrowed from, are storing fo | r, or hold in trust | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | |
| Par | t 10: Give Details About Environmental Inform | mation | | | | |
| For | the purpose of Part 10, the following definition | s apply: | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | | aw, whether you now own, operate, | or utilize it or used | | |
| | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or | | waste, hazardous substance, toxic | substance, | | |
| Rep | ort all notices, releases, and proceedings that | you know about, regardless of when | they occurred. | | | |
| 24. | Has any governmental unit notified you that you | ou may be liable or potentially liable | under or in violation of an environm | nental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of an | y release of hazardous material? | | | | |
| | No No | | | | | |
| | Yes. Fill in the details. | 0 | Fundament 11 " | Data () | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| | | | | | | |

Case 15-42515 Doc 1 Filed 12/17/15 Entered 12/17/15 13:47:09 Desc Main Document Page 41 of 59 Christopher G Gines Case number (if known) Debtor 1 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Christopher G Gines

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

Christopher G Gines Signature of Debtor 2 Signature of Debtor 1 Date December 17, 2015 **Date**

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). ☐ Yes. Name of Person

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, $\$\underline{0.00}$ toward the flat fee, leaving a balance due of $\$\underline{4,000.00}$; and $\$\underline{0.00}$ for expenses,

leaving a balance due for the filing fee of $\$\underline{0.00}$

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: December 17, 2015 | |
|--|----------------------------|
| Signed: | |
| /s/ Christopher G Gines | /s/ Margaret Molloy |
| Christopher G Gines | Margaret Molloy 6317096 |
| | Attorney for the Debtor(s) |
| | |
| Debtor(s) | |
| Do not sign this agreement if the amounts ar | e blank. |
| | Local Bankruptcy Form 23c |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In r | e Christopher G Gines | | Case No. | |
|------|--|---|----------------------|-------------------------------------|
| | <u> </u> | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPENSA | ATION OF ATTOI | RNEY FOR DI | EBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of or | the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 |
| | Prior to the filing of this statement I have received | | | 0.00 |
| | Balance Due | | | 4,000.00 |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation | ation with any other person | unless they are mem | bers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names of | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render | r legal service for all aspect | s of the bankruptcy | ease, including: |
| | a. Analysis of the debtor's financial situation, and renderingb. Preparation and filing of any petition, schedules, statemec. Representation of the debtor at the meeting of creditors ad. [Other provisions as needed] | nt of affairs and plan which | may be required; | |
| 6. | By agreement with the debtor(s), the above-disclosed fee doo | es not include the following | g service: | |
| | C | ERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of any agreement bankruptcy proceeding. | reement or arrangement for | payment to me for re | epresentation of the debtor(s) in |
| | December 17, 2015 | /s/ Margaret Mollo | V | |
| _ | Date | /s/ Margaret Mollo Margaret Molloy 6 | 317096 | |
| | | Signature of Attorne THE SEMRAD LA | | |
| | | 20 S. Clark Street | | |
| | | 28th Floor | | |
| | | Chicago, IL 60603 (312) 913 0625 F | ax: (312) 913 063 | I |
| | | rsemrad@semrad | | |
| 1 | | Name of law firm | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.



- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.



C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

<u>A</u>

- tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$0 toward the flat fee, leaving a balance due of \$4000.00; and \$70.00 for expenses, leaving a balance due for the filing fee of \$310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 12/15/2015

Signed:

Debtor(s)

Attorney for the Debtor(s)

Do not sign this agreement if the amounts are blank.

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United States Bankruptcy Court Northern District of Illinois

| In re | Christopher G Gines | | Case No. | |
|-------|---|---|------------------|---------------------------|
| | · | Debtor(s) | Chapter | 13 |
| | VER | IFICATION OF CREDITOR M | MATRIX | |
| | | Number of | Creditors: | 26 |
| | The above-named Debtor(s) he (our) knowledge. | ereby verifies that the list of credit | tors is true and | correct to the best of my |
| Date: | December 17, 2015 | /s/ Christopher G Gines Christopher G Gines Signature of Debtor | | |

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Attn: Bankruptcy Attorniment: Charets9efs9ces 3348 Ridge Road 10333 N Meridian St. Suite 2708014 Bayberry Rd Lansing, IL 604 Lansing, IL 60438

Indianapolis, IN 46290 Jacksonville, FL 32256

American Financial Credit Ser#vioredai Finc

Attn: Bankruptcy Attn: Bankruptcy 10333 N Meridian St. Suite 270Pob 20809

Indianapolis, IN 46290 Fountain Valley, CA 92708

Municollofam 3348 Ridge Road Lansing, IL 60438

American Financial Credit Servicesois Child Suppo

Attn: Bankruptcy Hfs/Attn: Bankruptcy/Mail Drop34508idg42Road

10333 N Meridian St. Suite 270509 S 6th St.

Indianapolis, IN 46290 Springfield, IL 62701

Lansing, IL 60438

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American Financial Credit Servicesois Collection Service/IMCSnicollofam

Attn: Bankruptcy Illinois Collection Service 3348 Ridge Road 10333 N Meridian St. Suite 270Po Box 1010 Lansing, IL 604

Lansing, IL 60438

Indianapolis, IN 46290 Tinley Park, IL 60477

American Financial Credit SerWedeBusiness Bureau

PO BOX 1219 c/o Illinois Dept of Heal 10333 N Meridian St. Suite 270Park Ridge, IL 60068 PO Box 19405 Indianapolis, IN 46290

Renee Donlan

American Financial Credit SerWises

Attn: Bankruptcy 2250 E Devon Ave Ste 352

10333 N Meridian St. Suite 270Des Plaines, IL 60018

Indianapolis, IN 46290

Verizon 500 Technology Dr

Ste 550

Weldon Spring, MO 63304

American Financial Credit SerWinesollofam

Attn: Bankruptcy 3348 Ridge Road 10333 N Meridian St. Suite 270Lansing, IL 60438

Indianapolis, IN 46290

American Financial Credit SerMinisollofam

Attn: Bankruptcy 3348 Ridge Road 10333 N Meridian St. Suite 270Lansing, IL 60438

Indianapolis, IN 46290

American Financial Credit SerMinesollofam

Attn: Bankruptcy 3348 Ridge Road

10333 N Meridian St. Suite 270Lansing, IL 60438

Indianapolis, IN 46290

Creditors Collection B

755 Almar Pkwy

Bourbonnais, IL 60914 Lansing, IL 60438

Municollofam 3348 Ridge Road